

FY 2003-2004 MEDICAID SBHS CERTIFICATION APPLICATION MATERIALS

(For both initial and re-certification)

The Medicaid School-Based Health Services (SBHS) program is beginning its ninth year of assisting districts and KSD in seeking reimbursement for covered health services listed in the individual education programs (IEP) of children who are eligible under both the Individuals with Disabilities Education Act (IDEA) and Medicaid. The same application may be used if you are applying to initially enroll or continuing to participate in the Medicaid SBHS program. If your district previously participated in the program and your district's certification has lapsed, you may re-enter the program by completing this application for re-certification for 2003-04.

Applications must be submitted via hard copy in the mail with appropriate signatures and credentials attached (see the instructions sheet for the details).

If your district wishes to participate, please complete the attached application and submit to

**Medicaid Liaison
Medicaid School-Based Health Services
Division of Budgets
Capital Plaza Tower 16th Floor
500 Mero Street
Frankfort, KY 40601**

Please complete and return only one application.

MEDICAID SCHOOL-BASED HEALTH SERVICES APPLICATION INSTRUCTIONS FOR CERTIFICATION AND RECERTIFICATION

The “Application for Medicaid Certification – 2003-2004” is the first step to enrolling in the Medicaid School-Based Health Services program. Please follow these instructions for completing the application forms labeled **KDEMED1**, **KDEMED2A** and **KDEMED2B** to reduce processing delays.

KDEMED1 – Application for Medicaid Certification – 2003-2004

❖ **SCHOOL DISTRICT INFORMATION**

- Please complete the identifying information in the top left box.
- The Medicaid Liaison listed is the person to whom all correspondence, notices, and Medicaid related information would be sent. The liaison may be the director of Special Education or some other person assigned to facilitate the implementation of this program in the district.

❖ **SERVICES TO BE PROVIDED**

- In the top right box, please check the services for which you anticipate submitting claims to Medicaid for reimbursement.
- Transportation and Assistive Technology Devices do not require the listing of practitioners on KDEMED2A or KDEMED2B. All other services require listing practitioners.

❖ **SUPERINTENDENT SIGNATURE**

- Superintendent verification that the assurances will be fulfilled is denoted by the superintendent’s dated signature.

KDEMED2A – School-Based Health Services 2003-2004 Practitioner List

- List each practitioner’s name, title and **current** license or certification number for whose services you anticipate seeking Medicaid reimbursement.
- Legible copies of **current** licenses or certificates must be attached. *Please check expiration dates.*
- Please refer to the “Qualified Medicaid Practitioners” attachment (QMP1) to determine the licensure or certification requirements, practitioner title and practitioner modifier. **Note: some are NEW.**

KDEMED2B – Medicaid Health Aide List – 2003-2004

- Complete this section **only** if you anticipate seeking reimbursement for health related services that may be delegated by a licensed nurse to an appropriately trained and supervised person.
- Practitioners listed on this page may include paraprofessionals, instructional assistants, teachers, or other district staff.
- The supervising nurse must complete and sign the certification statement.
- The supervising nurse must be listed on KDEMED2A and a copy of the current Kentucky Board of Nursing license attached.

KDEMED3 –Quality Assurance Outline

- Please review the “Quality Assurance Outline”
- The Medicaid liaison must establish local procedures **within one year** of initial Medicaid certification.
- Technical assistance from the Department of Education is available on request.

Mail the application and attachments by October 31 to Medicaid Liaison at Kentucky Department of Education, Division of Budgets, Capital Plaza Tower 16th Floor, 500 Mero Street, Frankfort, KY 40601.
For questions, please contact Martha Johnson at (502) 564-1979 or mjohnson@kde.state.ky.us (e-mail is generally quicker).

PRACTITIONER MODIFIERS AND CREDENTIALING REQUIREMENTS

School-based health services (SBHS) are reimbursable by Medicaid if provided by specific practitioners acting within their scope of practice as defined by state law. The titles of practitioners, the credentialing requirements and the practitioner modifiers are contained in this chart -- some are new for the 2003-2004 school year services as indicated by “(NEW).”

OLD Practitioner Modifier Use through Oct 15, 2003	NEW Practitioner Modifier Effective beginning on Oct. 16, 2003	Practitioner Title	Required Credentials
01	SA	Advanced Registered Nurse Practitioner (ARNP)	Current license from the Kentucky (KY) Board of Nursing
02	TD	Registered Nurse	Current license from the KY Board of Nursing
03	TE	Licensed Practical Nurse	Current license from the KY Board of Nursing under appropriate supervision and delegation
04	U1	Health Aide	Under the supervision of and with training by a KY licensed ARNP or RN and being monitored by the supervising nurse in provision of the delegated and supervised nursing services
05	U2	Audiologist	Current license from KY Board of Speech Language Pathology and Audiology
06	GN	Speech-Language Pathologist	Current license from KY Board of Speech Language Pathology and Audiology or current masters-level certification issued by the KY Education Professional Standards Board

OLD Practitioner Modifier Use through Oct 15, 2003	NEW Practitioner Modifier Effective beginning on Oct. 16, 2003	Practitioner Title	Required Credentials
07	GNU3	Speech-Language Pathology Assistant	A current license from the KY Board of Speech-Language Pathology and Audiology or (NEW) a baccalaureate-level certification issued by the KY Educational Professional Standards Board and under the supervision of a licensed or certified masters-level speech-language pathologist in accordance with KRS 334A.033, 334A.080 and 161.053.
07	GNU3	Speech-Language Pathology Assistant	A current license from the KY Board of Speech-Language Pathology and Audiology or (NEW) a baccalaureate-level certification issued by the KY Educational Professional Standards Board and under the supervision of a licensed or certified masters-level speech-language pathologist in accordance with KRS 334A.033, 334A.080 and 161.053.
08	GO	Occupational Therapist	Current license from KY Occupational Therapy Board
09	GOU3	Occupational Therapy Assistant	Current license from the KY Occupational Therapy Board and under the supervision of a licensed Occupational Therapist
10	GOUA	Occupational Therapist Aide	Under the direct supervision of the KY licensed Occupational Therapist (KRS 319A. 010 (5))
11	GP	Physical Therapist	Current license from the KY Board of Physical Therapy or a temporary permit issued by the KY Board of Physical Therapy
12	GPU3	Physical Therapist Assistant	Current license from the KY Board of Physical Therapy and under supervision of a licensed Physical Therapist
13	GPHL	Physical Therapy Student (Intern)	Student of Physical Therapy under the supervision of a KY licensed Physical Therapist

OLD Practitioner Modifier Use through Oct 15, 2003	NEW Practitioner Modifier Effective beginning on Oct. 16, 2003	Practitioner Title	Required Credentials
14	GPUA	Physical Therapy Aide	Under the direct on-site supervision of the KY licensed Physical Therapist or Physical Therapy Assistant (201 KAR 22:053, Section 5.)
15	AH	Licensed Psychologist	Current license from the KY Board of Examiners of Psychology in accordance with KRS Chapter 319
16	U4	Licensed Psychological Practitioner	Current license from the KY Board of Examiners of Psychology (KRS Chapter 319)
17		REPEALED	
18	U4HP	School Psychologist (Doctoral)	A doctoral degree and current certification by the KY Education Professional Standards Board
19	U4HO	School Psychologist (Masters)	A masters degree and current certification by the KY Education Professional Standards Board
20	U5	Certified Psychologist with autonomous functioning (AF)	Current license to practice by the KY Board of Examiners of Psychology (KRS Chapter 319)
21	U5HO	Certified Psychologist	Current license and under the supervision of a KY Licensed Psychologist (KRS Chapter 319)
22	U6HO	Licensed Psychological Associate	Current license and under the supervision of a KY Licensed Psychologist (KRS Chapter 319)
23	U7	Social Worker	Current certification as a school social worker by the KY Education Professional Standards Board or current license as a social worker by the KY Board of Social Work or current license as a certified social worker by the KY Board of Social Work

OLD Practitioner Modifier Use through Oct 15, 2003	NEW Practitioner Modifier Effective beginning on Oct. 16, 2003	Practitioner Title	Required Credentials
24	AJ	Licensed Clinical Social Worker	Current license by the KY Board of Social Work
25	U8	Guidance Counselor	Current certification from the KY Education Professional Standards Board
26	U9	Psychometrist	Current certification from KY Education Professional Standards Board
27	UB	Incidental Interpreter	(NEW) Effective July 1, 2003, interpreters must be licensed by the KY Board of Interpreters for the Deaf and Hard of Hearing as required by KRS 309.300 to 309.319
28	UC	Orientation & Mobility Specialist	Current certification by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or (NEW) the National Blindness Professional Certification Board (NBPCB)

Note: please do not submit claims to Medicaid for Respiratory Therapists until after October 16, 2003.

<i>Not applicable</i>	UD	Respiratory Therapist (NEW)	Certification by the KY Board of Respiratory Care as required by KRS 314A
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